



1-28C

MB
CC



"products conceived and developed by nurses & other healthcare professionals"
www.small-beginnings.com

17229 Lemon St.-Ste. # E7 Hesperia, CA.92345
 (800) 6760462 (760) 9497707 FAX (760) 948-1916

07/14/2011 DALLEN 00000006 6381787

01 FC:1599

2430.00 OP

To whom it may concern:

We are considered a micro-small business and woman owned. I have been a neonatal specialty nurse and started this business about 20 years ago. I am filling petitions to reinstate on the following patents and all the documents and letters and evidence for the reasons for unavoidable delay of payment will be the same for all three: Please accept one copy for all 3. It is a large # of pages.

Photo Therapy Mask Lee AKA Rogone	"Bili-Bonnet" Dated: March 25, 1997	Appl. No.: 07826096 Exp: 2009	Patent No.: 5613502 Total Fees: \$ 2755.00
Thermal Humidity Barrier Rogone	"Climate Cover" Dated: April 3, 2001	Appl. No.: 09053346 Exp: 2005	Patent No.: 6210320 Total Fees: \$ 2430.00
Infant positioning device Rogone	"Preemie Nest" Dated: May 7, 2002	Appl. No.: 09500736 Exp: 2006	Patent No.: 6381787 Total Fees: \$ 2430.00

I wear many caps in my business and am only an expert when it comes to care of the babies, my husband a respiratory therapist and PA is responsible for the sales and distributors both domestic and abroad and my COO Kenneth S. Croteau RRT who handled many of our business affairs was trying to ensure that our fast growing business was keeping up with all FDA and international requirements for good practice as well as trying to ascertain that all aspects of the business were following all required guidelines and I pick up all financials and the patents and everything else that is not covered and that constitutes our entire administrative staff.

The attorney of record Mr. Lopez who I hired right out of law school joined a firm and handled these utility patents but neglected to inform me of the patent maintenance fees that were due at $3\frac{1}{2}$, $7\frac{1}{2}$ and $11\frac{1}{2}$ years. He then moved to a different firm and we transferred all our business to the new firm but no one contacted us regarding the maintenance fees. I realize now that it was my responsibility and that fees are overdue and have expired. Besides the attorneys neglect there has been a series of terrible and overwhelming occurrences that have plagued our very small company. I fell at the first of the year 2005 and injured my back. Then in horrible pain I began an ordeal of doctors, pain medication, referrals, appointments and a botched surgery in Aug. of 2005. This surgery caused my back to collapse and I shrunk 3 inches in height and the pain was unbearable. I could hardly stand. Again I began another ordeal of, fighting with the HMO, finding a different doctor, and finally, a surgery at Cedars Sinai in Dec. of 2007, to rebuild my back. But, after the surgery and after all the trauma to my spine, my left leg was paralyzed with nerve damage and



MS

CC

PTO/SB/65 (03-09)

Approved for use through 03/31/2012. OMB 0651-0016
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))

Docket Number (Optional)

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450
Fax: (571) 273-8300

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent Number: 6381787Application Number: 09500736Issue Date: MAY 7, 2002Filing Date: FEB. 9, 2000

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable:

The above-identified patent:

is a reissue of original Patent No. _____ original issue date _____;
original application number _____
original filing date _____

resulted from the entry into the U.S. under 35 U.S.C. 371 of international application _____ filed on _____.

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this paper, (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

7/7/11

Date

Signature

Typed or printed name of person signing Certificate

[Page 1 of 4]

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1. SMALL ENTITY Patentees claims, or has previously claimed, small entity status. See 37 CFR 1.27**2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS** Patentees is no longer entitled to small entity status. See 37 CFR 1.27(g)**3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))**

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input type="checkbox"/>	\$ _____	3 ½ yr fee	<input type="checkbox"/>	\$ 490	3 ½ yr fee
<input type="checkbox"/>	\$ _____	7 ½ yr fee	<input type="checkbox"/>	\$ 1240	7 ½ yr fee
<input type="checkbox"/>	\$ _____	11 ½ yr fee	<input type="checkbox"/>	\$ 1730.00	11 ½ yr fee

MAINTENANCE FEE BEING SUBMITTED \$ 1730.00

4. SURCHARGEThe surcharge required by 37 CFR 1.20(i)(1) of \$ 700.00 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.SURCHARGE FEE BEING SUBMITTED \$ 700.00**5. MANNER OF PAYMENT** Enclosed is a check for the sum of \$ 2430.00 Please charge Deposit Account No. _____ the sum of \$ _____. Payment by credit card. Form PTO-2038 is attached.**6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY** The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. _____.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

7. OVERPAYMENT

As to any overpayment made, please

 Credit to Deposit Account No. _____

OR

 Send refund check

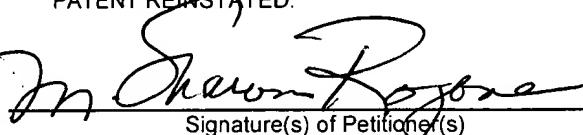
WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

8. SHOWING

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.



Signature(s) of Petitioner(s)

7/7/11

Date

M SHARON ROGONE (AKA Mary S. Rogone)

Typed or printed name(s)

14043 CHOCO RD

Address

APPLE VALLEY, CA 92307 usa

Address

Registration Number, if applicable

760-220-2141

Telephone Number

ENCLOSURES:

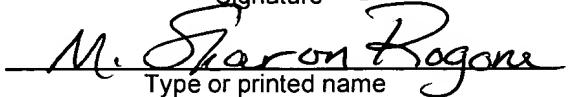
- Maintenance Fee Payment
- Statement why maintenance fee was not paid timely
- Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)
- Other: MEDICAL RECORDS, DEATH CERTIFICATES, LETTER FROM MD

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."



Signature



Type or printed name



Date

Registration Number, if applicable

STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

See letter, death certificates, medical records attached

See attached letters and documents--the same one for all 3 patents

(Please attach additional sheets if additional space is needed)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY of SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

*My Business
Partner
12/06/2010*

STATE FILE NUMBER			CERTIFICATE OF DEATH			LOCAL REGISTRATION NUMBER		
			STATE OF CALIFORNIA LIC. BACK IN DAY / BY FAX/ES/EMAIL/OUTER LETTERS V-11/07/3004			3201036011290		
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST KENNETH			12. MIDDLE STEEVES			13. LAST (Family) CROTEAU		
14. DATE OF BIRTH (MONTH/DAY/YEAR) 06/16/1953			15. AGE YRS. 57			16. DECEASED YEAR Month Day Year Hours Minutes		
17. BIRTH STATE/COUNTRY CT			18. MARRITAL STATUS/SPouse's Name MARRIED			19. DATE OF DEATH (MONTH/DAY/YEAR) 12/06/2010		
20. EDUCATION LEVEL/Last Grade Completed BACHELOR			21. OCCUPATION - Type of Work or Trade of Person CHIEF OPERATIONS OFFICER			22. OCCUPATION - Type of Work or Trade of Person MANUFACTURING		
23. DECEDENT'S RESIDENCE ADDRESS AND PHONE LOCATION 7245 JENKINS AVE			24. YEARS IN OCCUPATION 15					
25. CITY HESPERIA			26. STATE/PROVINCE SAN BERNARDINO			27. ZIP CODE 92345		
28. CITY HESPERIA			29. STATE/PROVINCE CA			30. CITY HESPERIA, CA 92345		
31. INFO FOR MANT			32. INFO FOR SPOUSE/PARENT/FIRST			33. INFO FOR PARENT/FIRST		
W. DEBRA CROTEAU, WIFE			WINNIFRED DEBRA BOHRINGER			ROBERT CROTEAU MA		
34. INFO FOR MOTHER/PARENT/FIRST			35. INFO FOR MIDDLE			36. INFO FOR MIDDLE		
BARBARA			HELEN			HELEN STEEVES NY		
37. DEPOSITION DATE 12/10/2010			38. PLACE OF DEATH SUNSET HILLS MEMORIAL PARK 7245 JENKINS AVE, HESPERIA, CA 92345			39. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> CON <input type="checkbox"/> Hosp <input checked="" type="checkbox"/> Autopsy <input type="checkbox"/> Other		
40. TYPE OF DISPOSITION CR/BU			41. SIGNATURE OF EMBALMER NOT EMBALMED			42. LICENSE NUMBER FD1640		
43. DATE IMMEDIATE 12/10/2010			44. NAME OF FUNERAL ESTABLISHMENT SUNSET HILLS MORTUARY INC.			45. SIGNATURE OF LEGAL REGISTRAR MAXWELL OHIKHUAIRE, MD		
46. PLACE OF DEATH RESIDENCE/HOSPICE SAN BERNARDINO			47. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> CON <input type="checkbox"/> Hosp <input checked="" type="checkbox"/> Autopsy <input type="checkbox"/> Other			48. DATE IMMEDIATE 12/10/2010		
49. CAUSE OF DEATH IMMEDIATE CAUSE IN CARDIOPULMONARY ARREST			50. SIGNATURE OF EMBALMER NOT EMBALMED			51. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> CON <input type="checkbox"/> Hosp <input checked="" type="checkbox"/> Autopsy <input type="checkbox"/> Other		
52. CAUSE OF DEATH IMMEDIATE CAUSE RENAL CELL CARCINOMA			53. SIGNATURE OF EMBALMER NOT EMBALMED			54. DATE IMMEDIATE 12/10/2010		
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE NONE			56. SIGNATURE OF EMBALMER NOT EMBALMED			57. DATE IMMEDIATE 12/10/2010		
58. WAS OPERATION PERFORMED FOR ANY CONDITION OTHER THAN NO			59. SIGNATURE OF EMBALMER NOT EMBALMED			60. DATE IMMEDIATE 12/10/2010		
61. PHYSICIAN CERTIFICATION AT THE TIME OF DEATH, THE PHYSICIAN STATED THAT THE DECEASED DIED 12/03/2010			62. SIGNATURE AND TITLE OF CERTIFIED JOHN R. HAWES D.O.			63. LICENSE NUMBER 20A4986		
64. DATE ISSUED 12/03/2010			65. TYPE OF DEATH/PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Hahn Trinh Nguyen M.D. 25455 Barton Rd. #204 B. Loma Linda, CA 92354			66. DATE IMMEDIATE 12/09/2010		
67. PLACE OF DEATH HOSPITAL, CONFINEMENT HOME, MANSARD, ETC.			68. CAUSE OF DEATH MANNER OF DEATH Autopsy Homicide Suicide Homicide Unknown Other 69. DECEASED - HOW & WHERE OCCURRED (Briefly, when, method, in what)			70. DATE OF DEATH MANNER OF DEATH Autopsy Homicide Suicide Homicide Unknown Other 71. DATE OF DEATH MANNER OF DEATH Autopsy Homicide Suicide Homicide Unknown Other 72. LOCATION OF DEATH (Street and number, or location, and city, and state)		
73. SIGNATURE OF CLERK/RECEIPTOR MAXWELL OHIKHUAIRE, M.D.			74. DATE RECEIVED			75. TYPE, NAME, TITLE OF CLERK/CLERK'S SIGNATURE		
76. STATE REGISTRATION #			77. DATE RECEIVED 12/03/2010			78. FAX AUTH.# *002007868*		
79. CENSUS TRACT								

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

} SS
COUNTY OF SAN BERNARDINO

DATE ISSUED Dec 13, 2010

This is a true and exact reproduction of the document officially registered and placed on file in
the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Effie Cheevers

MAXWELL OHIKHUAIRE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



002007868



COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

My Father
1/21/02 / 2009

CERTIFICATE OF DEATH												3200936011674									
STATE FILE NUMBER				DECEASED PERSON NAME, ADDRESS, BIRTH DATE, DEATH DATE								LEGAL REGISTRATION NUMBER									
1. NAME OF DECEDENT - FIRST (Given) FRANKLIN				2. MIDDLE EDWARD				3. LAST (Maiden) SHOFFSTALL													
4. ALSO KNOWN AS - NICKNAME (First, Middle, Last)				5. DATE OF BIRTH (M/D/YR) 03/19/1920				6. STAGE IN 89		7. DIED ON DAY OF YEAR Month Day November 10		8. HOURS IN WHICH DECEASED DIED M									
9. BIRTH STATE/FOREIGN COUNTRY ILLINOIS				10. SOCIAL SECURITY NUMBER [REDACTED]				11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (At time of death) WIDOWED		13. DATE OF DEATH (M/D/YR) 12/22/2009		14. HOUR (1-24 HOURS) 1349							
15. EDUCATION (From High School Onwards) SOME COLLEGE				16. WAS DECEDENT HISPANIC, LATINO OR SPANISH (Per the definition of the U.S. Census Bureau) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				17. DECEDENT'S RACE - Up to 2 races may be listed (See Worksheet C for back) WHITE													
18. USUAL OCCUPATION - TYPE OF WORK OR TRADE (DO NOT LIST RETIRED OWNER) OWNER				19. KIND OF BUSINESS OR INDUSTRY (e.g. GROCERY STORE, RESTAURANT, AGENCY, ETC.) BARBER SHOP				20. YEARS IN OCCUPATION 35													
21. DECEASED'S RESIDENCE (Street and Number or Location) 16352 WIMBLETON DRIVE												22. COUNTY/PROVINCE SAN BERNARDINO				23. ZIP CODE 92395		24. YEARS IN COUNTY 10		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMATION NAME, RELATIONSHIP M. SHARON ROGONE, DAUGHTER												27. INFORMATION NAME, ADDRESS AND ZIP CODE OF THE DECEASED'S MARRIED SON, DAUGHTER, CHILD, etc. 14043 CHOCO ROAD, APPLE VALLEY, CA 92307									
28. NAME OF SURVIVING SPOUSE - F/S: -				29. MIDDLE -				30. LAST (Maiden Name) -				31. PRINCIPAL STATE PA									
32. NAME OF FATHER - F/F: FRANKLIN				33. MIDDLE S.				34. LAST SHOFFSTALL				35. PRINCIPAL STATE IL									
36. NAME OF MOTHER - M/M: MARY				37. MIDDLE FLORENCE				38. LAST (Maiden Name) LINDSEY				39. PRINCIPAL STATE IL									
40. DISPOSITION DATE (M/D/YR) 12/30/2009				41. PLACE OF FINAL DISPOSITION RES: M. SHARON ROGONE, 14043 CHOCO ROAD, APPLE VALLEY, CA 92307				42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER									
44. TYPE OF DISPOSITION(S) CR/RES				45. LICENSE NUMBER FD 1307				46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUAKE, MD				47. DATE OF REGISTRATION 12/23/2009									
48. PLACE OF DEATH AT HOME				49. IF HOSPITAL, SPECIFY ONE NO				50. IF OTHER THAN HOSPITAL, SPECIFY ONE No				51. DEATH CERTIFIED VICTORVILLE									
52. COUNTY SAN BERNARDINO				53. FACILITY ADDRESS OR LOCATION WHERE FOUND 16352 WIMBLETON DRIVE				54. DEATH CERTIFIED VICTORVILLE				55. DEATH REPORTED TO CORONER NO									
56. CAUSE OF DEATH EXPLAIN THE CAUSE OF DEATH OR DISEASE THAT DIRECTLY CAUSED DEATH. DO NOT MENTION OTHER DISEASES THAT MAY HAVE BEEN PRESENT AT DEATH OR CONTRIBUTED TO DEATH, OR MENTION DEATH FROM ACCIDENT, WHETHER OR NOT IT WAS THE LEADING CAUSE OF DEATH. DO NOT ASK QUESTIONS. ATHEROSCLEROTIC WITH HYPERTENSIVE CARDIOVASCULAR DISEASE				57. TIME DEATH REPORTED 871 YEARS				58. AUTOMOBILE 700908536				59. AUTOMOBILE NO									
60. UNDERLYING CAUSE DEMENTIA, IC				61. TIME OF DEATH 872				62. AUTOPSY PERFORMED NO				63. MEDICAL RECORDS YES X NO									
64. DEATH DATE 12/22/2009				65. TIME OF DEATH 873				66. MEDICAL RECORDS YES X NO				67. MEDICAL RECORDS YES X NO									
68. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH DIABETES MELLITUS TYPE 2, ATRIAL FIBRILLATION				69. TIME OF DEATH 874				70. MEDICAL RECORDS YES X NO				71. MEDICAL RECORDS YES X NO									
72. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 68 NO				73. DATE OF DEATH 12/23/2009				74. DATE OF DEATH 12/23/2009				75. DATE OF DEATH 12/23/2009									
76. CERTAIN THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ON THE LINES STATED Decedent died at home on November 10, 2009				77. SIGNATURE AND TITLE OF CERTIFIER DECEASED'S ATTENDING PHYSICIAN				78. LICENSE NUMBER ANDREW AVERY				79. DATE OF DEATH 12/23/2009									
80. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Foreign <input type="checkbox"/> Disease <input type="checkbox"/> Death from Unknown				81. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW AVERY				82. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				83. INJURY DATE, PLACEMENT 12/23/2009									
84. DESCRIBE HOW INJURY OCCURRED (Leave blank if none)				85. LOCATION OF INJURY (Street and/or Room, Apartment, Street, City, Zip) ANDREW AVERY				86. SIGNATURE OF DOCTOR / DEPUTY CORONER ANDREW AVERY				87. DATE OF DEATH 12/23/2009									
88. SIGNATURE OF DOCTOR / DEPUTY CORONER ANDREW AVERY				89. DATE OF DEATH 12/23/2009				90. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ANDREW AVERY, DEP CORONER				91. FAX AUTH. #									
92. STATE FILE NUMBER 1A C B				93. CENSUS TRACT 10-350				94. CENSUS TRACT 10-350				95. CENSUS TRACT 10-350									

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Margaret McBride

MARGARET BEED, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

MARGARET BEED, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

A standard linear barcode is located at the bottom of the page, consisting of vertical black lines of varying widths on a white background.

001920415



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

My Mother
12/26/2009

CERTIFICATE OF DEATH

3200936011895

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO MARKERS, INK TECSTURS OR ALTERATIONS VS-1 WHTY LBL		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) MARY		2. MIDDLE -		3. LAST (Family) SHOFFSTALL	
AKA ALSO KNOWN AS - INDICATE AKA (FIRST, MIDDLE, LAST) MARY DESATOFF SHOFFSTALL		4. DATE OF BIRTH (mm/yyyy) 03/06/1921		5. AGE Yrs 88	6. IF UNDER ONE YEAR Months Days Hours Minutes
7. SEX F		8. BIRTH STATE/FOREIGN COUNTRY CA		9. EVEN IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	10. MARITAL STATUS (At time of Death) DIVORCED
11. EDUCATION (Highest Grade Completed HS GRADUATE)		12. SOCIAL SECURITY NUMBER YES		13. DATE OF DEATH (mm/yyyy) 12/26/2009	
14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		15. DECEASED'S GENDER - Male or Female		16. HOUR (24 HOURS) 1330	
17. USUAL OCCUPATION - Type of work or trade of Deceased (Do NOT USE RETIRED OWNER OPERATOR COSMETOLOGY)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 20	
20. DECEASED'S RESIDENCE (Street and number of location) 14043 CHOCO RD		21. CITY APPLE VALLEY		22. COUNTY/PROVINCE SAN BERNARDINO	23. ZIP CODE 92307
24. YEARS IN COUNTY 1		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP M SHARON ROGONE, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number of rural route number, city or town, state, ZIP) 14043 CHOCO RD, APPLE VALLEY, CA 92307			
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER - FIRST MOSES		32. MIDDLE -		33. LAST DESATOFF	
34. NAME OF MOTHER - FIRST TANYA		35. MIDDLE -		36. LAST (Maiden) SHUBIN	
37. BIRTH STATE RUSSIA		38. BIRTH STATE RUSSIA			
39. DISPOSITION DATE (mm/yyyy) 01/02/2010		40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601		41. TYPE OF DISPOSITION BU	
42. SIGNATURE OF EMBALMER ASHLEY N. FINNIE		43. LICENSE NUMBER 9146		44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY	
45. LICENSE NUMBER FD 970		46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUAKE, MD		47. DATE (mm/yyyy) 12/21/2009	
48. PLACE OF DEATH RESIDENCE - HOSPICE		49. IF HOSPITAL, SPECIFY ONE IP ERCP DDA HOSPTD HOML TC		50. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospital Home TC Deceased's Name Other	
51. COUNTY SAN BERNARDINO		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number of location) 14043 CHOCO RD		53. CITY APPLE VALLEY	
54. CAUSE OF DEATH Enter the cause of death - Diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular occlusion without knowing the details. DO NOT ABBREVIATE.		55. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS		56. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS	
57. IMMEDIATE CAUSE (From disease or condition resulting in death) (A) END STAGE CORONARY ARTERY DISEASE		58. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS		59. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS	
59. SUBSEQUENT, IF ANY, CAUSE OF DEATH (B) (C) (D)		60. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS		61. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS	
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57 NONE		63. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS		64. DEATH REPORTED TO CORONER Doctor and Death Date (MM) YRS	
65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 58? If yes, list type of operation and date: NO		66. IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNKNOWN		67. LICENSE NUMBER A91216	
68. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Doctor Decedent Last Seen Alive (A) mm/dd/yy (B) mm/dd/yy		69. SIGNATURE AND TITLE OF CERTIFIER ASHISH MALHOTRA M.D. VERS		70. DATE (mm/yyyy) 12/30/2009	
71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN R. HAWES JR D.O. 04/08/2009 12/16/2009 12421 HESPERIA RD STE 11, VICTORVILLE, CA 92392		72. MANNER OF DEATH Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Piercing <input type="checkbox"/> Ingestion Could not be determined		73. INJURED AT WORK? YES NO UNKNOWN	
74. PLACE OF INJURY (e.g., home, construction site, wooded areas, etc.)		75. INJURY DATE (mm/yyyy)		76. HOUR (24 Hours)	
77. LOCATION OF INJURY (Street and number, or address, and city, and ZIP)		78. SIGNATURE OF CORONER / DEPUTY CORONER		79. DATE (mm/yyyy)	
80. SIGNATURE OF CORONER / DEPUTY CORONER		81. DATE (mm/yyyy)		82. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A 2/5	B C D E	83. FAX AUTH. # 010001001391480*		CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Jan 5, 2010

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Margaret Beed, M.D.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



0 0 1 9 2 1 1 9 3



American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE